



MISSOURI DEPARTMENT OF REVENUE  
**POWER OF ATTORNEY**

**PLEASE TYPE OR PRINT**

TAXPAYER'S NAME OR BUSINESS NAME		SOCIAL SECURITY NUMBER/FEDERAL I.D. NUMBER _____
SPOUSE'S NAME OR IF A D/B/A, STATE THE BUSINESS NAME		SPOUSE'S SSN/FEDERAL I.D. NUMBER _____
STREET ADDRESS		MISSOURI TAX I.D. NUMBER _____
CITY OR TOWN, STATE, ZIP CODE	TELEPHONE NUMBER (____) _____ - _____	MISSOURI CHARTER NUMBER _____

**TAXPAYER(S) HEREBY APPOINTS**

NAME OF APPOINTED REPRESENTATIVE	ADDRESS	TELEPHONE NUMBER (____) _____ - _____
NAME OF APPOINTED REPRESENTATIVE	ADDRESS	TELEPHONE NUMBER (____) _____ - _____
NAME OF APPOINTED REPRESENTATIVE	ADDRESS	TELEPHONE NUMBER (____) _____ - _____
NAME OF APPOINTED REPRESENTATIVE	ADDRESS	TELEPHONE NUMBER (____) _____ - _____

as attorney(s)-in-fact to represent taxpayer(s) before the Department of Revenue, State of Missouri, but not otherwise, with respect to the following tax matter(s) (the tax type, form(s), and year(s) to which this form applies must be listed below):

TYPE OF TAX (INDIVIDUAL, SALES, CORPORATE INCOME/FRANCHISE, WITHHOLDING, ETC.)	MISSOURI TAX FORM NUMBER (MO-1040, MO-1120, ETC.)	YEAR(S) OR PERIOD(S) (DATE OF DEATH IF ESTATE TAX)

The attorney(s)-in-fact (or either of them) are authorized, subject to revocation, to receive confidential information and perform any and all acts that the taxpayer(s) can perform with respect to the above specified tax matters, but not the power to endorse or receive checks in payment of any refunds or to represent the taxpayer/business in any proceeding before the Administrative Hearing Commission.

Copies of notices and other written communications addressed to taxpayer(s) in proceedings involving the above tax matters should be sent to:

- ☐ 1. the representative first named above; or
- ☐ 2. the following named representative(s) (no more than two): \_\_\_\_\_

By execution of this power of attorney, all earlier powers of attorney on file with the Department of Revenue, State of Missouri, for the same tax matter(s) and years or periods covered by this power of attorney are revoked, except the following (specify to whom power of attorney was granted, date and address, or refer to attached copies of earlier powers of attorney and authorizations.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note: All appointed representatives *must* sign on reverse side of this form.**

**SIGNATURE OF, OR FOR, TAXPAYER(S)**

I (we) hereby certify that I (we) am (are) the taxpayer(s) named herein or that I have the authority to execute this power of attorney on behalf of the taxpayer(s). Submission of a DOR-2827, Power of Attorney, by a taxpayer is not in itself sufficient as official notice to the Department of Revenue of an address change.

NAME	TITLE (IF APPLICABLE)	
SIGNATURE	DATE ____/____/____	TAXPAYER TELEPHONE NUMBER (____) ____ - ____
NAME	TITLE (IF APPLICABLE)	
SIGNATURE	DATE ____/____/____	TAXPAYER TELEPHONE NUMBER (____) ____ - ____

**DECLARATION OF REPRESENTATIVE**

I declare that I am aware of Regulation 12 CSR 10-41.030 and that I am one of the following:

1. a member in good standing of the bar of the highest court of the jurisdiction indicated below;
2. a certified public accountant duly qualified to practice in the jurisdiction indicated below;
3. an officer of the taxpayer organization;
4. a full-time employee of the taxpayer;
5. a fiduciary for the taxpayer;
6. an enrolled agent; or
7. other

and that I am authorized to represent the taxpayer identified above for the tax matters there specified.

**Note: All appointed representatives *must* sign below.**

NAME OF REPRESENTATIVE	SIGNATURE OF REPRESENTATIVE	DATE ____/____/____
DESIGNATION (PLEASE CIRCLE APPROPRIATE NUMBER FROM LIST ABOVE)  1.      2.      3.      4.      5.      6.      7. OTHER _____		JURISDICTION (STATE, ETC.)
NAME OF REPRESENTATIVE	SIGNATURE OF REPRESENTATIVE	DATE ____/____/____
DESIGNATION (PLEASE CIRCLE APPROPRIATE NUMBER FROM LIST ABOVE)  1.      2.      3.      4.      5.      6.      7. OTHER _____		JURISDICTION (STATE, ETC.)
NAME OF REPRESENTATIVE	SIGNATURE OF REPRESENTATIVE	DATE ____/____/____
DESIGNATION (PLEASE CIRCLE APPROPRIATE NUMBER FROM LIST ABOVE)  1.      2.      3.      4.      5.      6.      7. OTHER _____		JURISDICTION (STATE, ETC.)
NAME OF REPRESENTATIVE	SIGNATURE OF REPRESENTATIVE	DATE ____/____/____
DESIGNATION (PLEASE CIRCLE APPROPRIATE NUMBER FROM LIST ABOVE)  1.      2.      3.      4.      5.      6.      7. OTHER _____		JURISDICTION (STATE, ETC.)

Please send completed forms to:

Missouri Department of Revenue  
Taxation Bureau  
P.O. Box 357  
Jefferson City, MO 65105-0357  
Fax: (573) 522-1722  
(If reporting Business Tax)

Missouri Department of Revenue  
Taxation Bureau  
P.O. Box 2200  
Jefferson City, MO 65105-2200  
Fax: (573) 751-2195  
(If reporting Personal Tax)